EF-237-R04-0518-17000250-1 BOE-237 REV. 04 (05-18)

## EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.

State of California, County of \_\_\_\_\_



## Douglas W. Wacker

**County Assessor-Recorder** Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

(name of person making claim)	,		
who is filing this claim as, or on behalf of, the	of the property described		
1. That as			
	(officer)		
2. of the(name of trial	e or tribally designated housing entity)		
3. the mailing address of which is	ZIP		
4. the location of the property for which exemption is claimed is (give complete address)	ve complete mailing address)		
5. That this claim for exemption is made for the 20 20	fiscal year on the leased property described above.		
in section 50079.5 of the Health and Safety Code or applical charged do not exceed the limits provided in section 50053 of	nd related facilities for tenants who are persons of low income as defined ole federal, state, or local financial assistance agreements and the rents the Health and Safety Code or applicable federal, state, or local financia hat the tenants' incomes and rents do not exceed those limits is attached it.		
7. That the property is owned and operated by an owner	operator owner/operator		
[ ] a federally recognized tribe (documentation required for	first time filers)		
<ul> <li>a tribally designated housing entity (documentation requi inure to the benefit of any private shareholder.</li> </ul>	red for first time filers) which is nonprofit and no part of those net earnings		
8. That there is a deed restriction, agreement, or other legally occupied by or held for occupancy by qualifying low-income	binding document requiring that at least 30% of the housing units are enants.		
	Lower-Income Households, is also required to be filed with the Assesso and Taxation Code for those tribes or tribally designated housing entities		
FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business		
Received by	hours for additional information?		
(Assessor's designee)	NAME		
of (county or city)	ADDRESS (street, city, state, zip code)		
on			
	DAYTIME PHONE NUMBER EMAIL ADDRESS ()		
CERTIFICATION			

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	
THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.			